



Full Body Restoration through Advanced Bio  
Frequency Therapy with Kimberly Keele

## CLIENT INTAKE FORM

NAME: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_

DATE: \_\_\_\_\_

As we begin on this journey, I would like to get to know a little bit more about your health concerns. These questions are general and not in any way a source of information for diagnosis or a "cure all" plan. Your answers will help you as you work through this process and track your progress and success!

I also recommend you revisit your answers regularly so we can reflect on the shifts you are experiencing in your life and perspective along this healing journey.

1. What concerns do you have about your health/care? \_\_\_\_\_

\_\_\_\_\_

2. How are you experiencing these issues/complaint? \_\_\_\_\_

\_\_\_\_\_

3. Explain the types of symptoms you experience. \_\_\_\_\_

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4. What if anything would you like to change? \_\_\_\_\_

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5. Do you have any goals you would like to share with me? \_\_\_\_\_

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6. What types of foods are you consuming most frequently? \_\_\_\_\_

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7. List any/all food cravings? \_\_\_\_\_

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8. Do you have any allergic reactions of any kind? How do you experience them?\_\_

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9. Any foods you cannot eat?\_\_\_\_\_

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10. What medications are you currently taking? \_\_\_\_\_

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11. How much water do you consume each day? \_\_\_\_\_

12. What if anything have you tried to do to manage your health? (Examples:  
vitamins, detox, cleanses, enema.) \_\_\_\_\_

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13. Has there been stressful or traumatic experiences that you would like to share?

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